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PARTICIPANT ID:

FAMILY ID:

NORTHERN CALIFORNIA
FRBC BASE FOLLOW-UP INTERVIEW

DATE OF DIAGNOSIS:

MO DAY YEAR

INTERVIEWER: _____

DATE OF INTERVIEW:

MO DAY YEAR

STARTING TIME OF INTERVIEW

AM 1
HR MIN PM 2

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base fup no tx 7/1/99

Hello, my name is _____. May I speak with _____ (**PARTICIPANT**)?

IF PROBAND ANSWERS THE PHONE:

I'm calling from the Northern California Cancer Center's Family Registry for Breast Cancer. We recently sent you a letter regarding the follow-up interview for the Registry. Have you received the letter?

IF SHE/HE HAS RECEIVED THE LETTER:

I'm glad to hear that. As you may recall from the letter and from the consent form that you signed when you became a participant, we said we would be recontacting you once a year to make sure our information on you and your family members is kept up to date in the Registry.

IF SHE/HE HAS NOT RECEIVED THE LETTER:

We are conducting a follow-up interview as part of the Family Registry for Breast Cancer. As you may recall when you participated in the study about a year ago, we said that we would be calling you about once a year to update our information on you and your family members.

IF INTERVIEWER LEARNS THAT SUBJECT HAS DIED:

I'm very sorry to hear this. When did she/he die?

DATE OF DEATH _____ (**MONTH/DAY/YEAR**)

Are you her/his next-of-kin?

YES If this is a good time, I would like to ask you the follow-up questions on _____ (**NAME'S**) behalf.

NO Who is her/his next-of-kin?

**RECORD NAME, ADDRESS, PHONE NUMBER AND
RELATIONSHIP TO PROBAND.**

Do you have any questions? YES **(ANSWER ANY QUESTIONS)**
 NO

May I proceed with the interview? YES Before we get started, I want to remind you that your participation is completely voluntary, and There are no consequences of any kind if you decide not to participate. If you do participate, the information you provide will be kept confidential.

NO **(ARRANGE FOR CONVENIENT TIME TO CALL BACK AND RECORD DATE AND TIME)**

SECTION I: UPDATE OF FAMILY HISTORY

I will begin by asking you some questions about your/PROBAND'S NAME biological relatives.

I have a list of the relatives you/she/he told us about when you/she/he originally answered questions about her/his family history. I am going to read each of their names and I'd like you to tell me if they have been diagnosed with any cancers since our last contact with you/PROBAND'S NAME, which was on ____ (**DATE**).

If any of them are no longer living, I would like to know that also.

**READ NAMES OF ALL PERSONS IN RELATIVE TABLE WHO ARE ALIVE
(VITAL STATUS=1).**

**RECORD NEW CANCERS AND/OR DATE OF DEATH AS INDICATED IN
RELATIVE TABLE.**

BIOLOGICAL RELATIVES DIAGNOSED WITH CANCER

As you may recall from our interview about a year ago when we talked about your family history, we included your parents, sisters, brothers, half-sisters, half-brothers, daughters, and sons as well as some of your other relatives.

| Has (NAME) been diagnosed with cancer since our last contact on (MONTH/DAY/YEAR)? | CIRCLE RELATION AND SPECIFY IF OTHER | Is she/he living or deceased? (CIRCLE ONE) | IF DECEASED: What is her/his date of death? (MONTH/DAY/YEAR) | IF LIVING: What is her/his address and phone number? IF DECEASED: What is the name, address, and phone number of the closest relative? | IF YES TO CANCER: What type of cancer did she/he have? | IF YES TO CANCER: How old was she/he when this cancer was first diagnosed? (IN YEARS) | IF YES TO CANCER: What was the date when this cancer was first diagnosed? (MONTH/DAY/YEAR) |
|---|--|--|--|---|--|---|--|
| | Mother Father Sister Brother Daughter Son Other_____ | Living Deceased | | | | | |
| | Mother Father Sister Brother Daughter Son Other_____ | Living Deceased | | | | | |
| | Mother Father Sister Brother Daughter Son Other_____ | Living Deceased | | | | | |

IF PROBAND REPORTS MOTHER, FATHER, SIBLING, OR CHILD DIAGNOSED WITH BREAST, OVARIAN OR CHILDHOOD CANCER, REQUEST PERMISSION TO CONTACT THE RELATIVE.

USE ADDITIONAL PAGE(S) AS NEEDED.

Has anyone else in your/PROBAND'S NAME family been diagnosed with cancer since we last talked on _____(DATE)?

NO 1 GO TO NEXT PAGE (RECURRENCES)

(IF SUBJECT DECEASED, GO TO END OF INTERVIEW, PAGE 8)

YES 2 RECORD ON RELATIVE TABLE

(IF SUBJECT DECEASED, RECORD ADDITIONAL RELATIVES ON RELATIVE TABLE AND THEN GO TO END OF INTERVIEW, PAGE 8)

II. RECURRENCES

1. Sometimes women experience a recurrence of breast cancer, meaning that the breast cancer has come back. Since our last contact with you on (MONTH/DAY/YEAR), have you been diagnosed with any recurrences of your breast cancer?

NO 1 **GO TO NEXT PAGE (NEW CANCERS)**
 YES 2

If YES:

| | RECURRENCE #1 | RECURRENCE #2 |
|--|--|--|
| 1. Where in the body was this recurrence (READ LIST AND CIRCLE ONE) | 1 same breast 2 lymph glands 3 skin 4 bone 5 liver 6 lung 7 brain 8 other (SPECIFY) _____ _____ 9 opposite breast | 1 same breast 2 lymph glands 3 skin 4 bone 5 liver 6 lung 7 brain 8 other (SPECIFY) _____ _____ 9 opposite breast |
| 2. How old were you when this recurrence was diagnosed? | | |
| 3. In what year were you diagnosed with this recurrence? | | |
| 4. In what city and state were you diagnosed? | | |
| 5. What is the name of the hospital or clinic where you were diagnosed? | | |
| 6. What is the address of that hospital or clinic where this recurrence was diagnosed? | | |
| 7. What is the name of the physician who made the diagnosis? | | |
| | | |

| | | |
|------------------------------------|--|--|
| PROBE FOR OTHER RECURRENCES | | |
|------------------------------------|--|--|

III. NEW CANCERS

Besides the recurrences that we just talked about, have you had any other cancers diagnosed since we spoke last _____(DATE)?

NO 1 **(GO TO ‘END OF INTERVIEW’)**
YES 2

If YES:

| | 1ST NEW CANCER | 2ND NEW CANCER | 3RD NEW CANCER |
|---|----------------------------------|-----------------------|-----------------------|
| 1. What kind of cancer did you have? | | | |
| 2. How old were you when this cancer was diagnosed? | | | |
| 3. In what year were you diagnosed with this cancer? | | | |
| 4. In what city and state were you diagnosed? | | | |
| 5. What is the name of the hospital or clinic where you were diagnosed? | | | |
| 6. What is the address of the hospital or clinic where this cancer was diagnosed? | | | |
| 7. What is the name of the physician who made the diagnosis? | | | |
| PROBE FOR OTHER NEW CANCERS | | | |

END OF INTERVIEW:

This concludes the follow-up interview for this year. Thank you so much for your continuing participation in this project. We look forward to talking with you again next year.

TIME INTERVIEW COMPLETED:

AM 1
HR MIN PM 2

INTERVIEWER ASSESSMENT

1. PARTICIPANT'S COOPERATION WAS

VERY GOOD 1
GOOD 2
FAIR 3
POOR 4

2. THE OVERALL QUALITY OF THIS INTERVIEW IS

HIGH QUALITY 1
GENERALLY RELIABLE 2
QUESTIONABLE 3
UNSATISFACTORY 4

3. SPECIAL COMMENTS: _____
